The Mid Yorkshire Hospitals NHS
NHS Trust

Blood Transfusion Competency Assessments

Information Pack for Candidates Undergoing Assessment

Candidate's name: Assessors name:

CONTENTS

Acknowledgement:

This information pack has been adapted from the Hull and East Yorkshire Hospitals NHS Trust documentation on the *Safe and Appropriate Use of Blood and Blood Products – competency assessment practitioner pack 2007.*

1. Introduction to the Transfusion Competencies

As part of the National Patient Safety Agency (NPSA) Safer Practice Notice 14 'Right patient, right blood' initiative, formal assessment of all clinical staff groups in the relevant competencies relating to the blood transfusion process have been developed.

The NPSA has developed five national competencies for:

- obtaining a venous blood sample
- organising the receipt of blood/blood products for transfusion
- collecting blood/blood products for transfusion
- preparing to administer transfusion of blood/blood products
- administering a transfusion of blood/blood products.

Formal assessment of the relevant competencies is required for nurses, midwives, medical staff, phlebotomists, healthcare assistants, operating department practitioners and any other member of staff involved in the transfusion process.

The aim of each transfusion competency assessment is to demonstrate that the member of staff **can** undertake the skill, in that they have the underpinning knowledge and **can** follow the correct procedure. The member of staff is deemed competent upon completion of the theoretical / formal training and completion of all the required competencies including the knowledge assessment. They are linked to the Knowledge Skills Framework, and failure to complete the competencies may affect those staff under Agenda for Change conditions.

The Mid Yorkshire NHS Trust competencies have been developed, using a revised version of the NPSA documentation to cover the following aspects of the transfusion process and are assessed on a three yearly basis.

50% of staff must be assessed by May 2009 and 100% by November 2010.

Competence title	Assessment Criteria	Appropriate staff groups
▪ Obtaining a venous sample for blood transfusion	To assess candidate's ability to obtain a venous sample for transfusion only. Staff should be assessed after they have attended a local training course on this core task.	▪ Phlebotomists ▪ Nurses ▪ Midwives ▪ Medical staff ▪ Healthcare Assistants NVQ level 3 involved in venous blood sampling for transfusion only
▪ Organising the receipt of blood/blood products for transfusion	To assess candidate's ability to organise the receipt of blood products for transfusion for the correct patient. Staff should be assessed after they have attended a local training course on this core task.	▪ Operating Department Practitioners ▪ Nurses ▪ Midwives ▪ Medical staff involved in organising the receipt of blood/blood products.

Competence title	Assessment Criteria	Appropriate staff groups
▪ Collecting blood/blood products for transfusion	To assess candidate's ability to collect blood/blood products for transfusion and for the correct patient. Staff should be assessed after they have attended a local training course on this core task.	▪ Operating Department Practitioners ▪ Nurses ▪ Midwives ▪ Medical staff ▪ Porters ▪ Healthcare Assistants involved in collecting blood/blood products
▪ Preparing to administer blood/blood products and administering a transfusion of blood/blood products	To assess candidate's ability to safely prepare and to administer blood/blood products for transfusion. Staff should be assessed after they have attended a local training course on this core task.	▪ Operating Department Practitioners ▪ Nurses ▪ Midwives ▪ Medical staff Involved in preparing and administering blood/blood products

If you require any further information or have any concerns please contact your Transfusion Practitioner or refer to the Blood Transfusion policy.

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2. Overview of Transfusion Competencies:

The Blood Safety and Quality Regulations (2005) have enshrined the collection, testing, processing, storage and distribution of human blood and blood components within criminal law. The National Patient Safety Agency have stipulated that anyone working in the health care setting who is involved within the transfusion process must receive training and competency assessment every three years with an annual update.

The purpose of this is to:

- Update and develop knowledge and skills relating to safe transfusion practice in the use of blood and blood products
- Establish legal requirements of the Blood Safety Law
- Demonstrate a working knowledge of local policy, guidelines and practice surrounding the use of blood and blood products
- Understand the potential hazards of the use of blood and blood products

3. Outcome Statement

The candidate will be able to demonstrate their knowledge and skills to competently undertake the relevant practice relating to the process of transfusion of a blood product. He/she will have underpinning knowledge of the Trust policies in place to guide his/her practice and safeguard patients. He/she will also have an understanding of the consequences of failure to adhere to Trust policy.

You will be expected to understand (where applicable to job role) and implement the principles of:

- Safe collection of blood products
- Safe storage of blood products
- Pre-transfusion checks
- Administration of blood products
- Safe observation and documentation of transfused patients
- Completing the transfusion process
- Reporting adverse incidences or events

4. Scope of competencies

The scope of these competencies cover the following groups of staff where they are involved in the collection, administration of blood products and management of patients undergoing transfusion. *Please refer to Blood Transfusion policy for specific roles and responsibilities and staff authorised to undertake the relevant skills. These include:

- Doctors, nurses and midwives
- ODP/ODA
- Phlebotomists
- HCAs
- Porters

5. Source Documents:-

- The Blood Safety and Quality Regulations (2005)
- NPSA (2006) Healthcare-competencies:
    - Obtaining a venous blood sample
    - BDS17 Organise the receipt of blood/blood products for transfusion
    - BDS18 Collect blood/blood components for transfusion
    - BDS19 Prepare to administer transfusion of blood/blood products to patients
    - BDS20 Administer a transfusion of blood and blood products – adapted to Mid Yorkshire NHS trust policies and procedures
- Mid Yorkshire Blood Transfusion Policy (current version)
- Mid Yorkshire Policy for the Clinical Use of Red Cell Transfusions (current version)
- Mid Yorkshire Policy for the use of Fresh Frozen Plasma and Cryoprecipitate - Adults & Children (current version)
- Mid Yorkshire Platelet Transfusion Policy - Adults and Children (current version)

6. Transfusion Competencies – evidence of competence

To assess a candidate's competence in the relevant skills, the assessor will use the following methodology as evidence: -

- Observation
- Questioning
- Underpinning Knowledge

Outcome

Candidate to be knowledgeable re: the theoretical principles, which underpin the safe and appropriate use of blood and blood products. Practitioner can competently implement the theoretical principles within the clinical setting

CLINICAL COMPETENCY	EVIDENCE
Candidate has an understanding of the Blood Safety and Quality Regulations (2005) and can discuss what impact the regulations have within their clinical area. ***Applicable to Phlebotomists, HCAs & Porters – relevant to their area of work.**	The purpose of these regulations is to set standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components. ▪ Incident reporting for serious adverse events and reactions is mandatory ▪ All blood components must be able to be traced from the donor to the recipient ▪ Blood transfusion record must be kept for 30 years ▪ The Chief Executive is criminally liable if regulations are not adhered to. **Examples of how evidence can be obtained:** Attend blood transfusion safety training or complete the trusts on line e-learning package

<table>
<tr><th>CLINICAL COMPETENCY</th><th>EVIDENCE</th></tr>
<tr><td>Candidate has read and understands the Trust Blood Transfusion policy (current version) i.e. collection of samples, prescriptions, collection and transfusion of blood and blood products.

*Applicable to Phlebotomists HCAs & Porters.</td><td>Information to be found on the trust intranet site.

Examples of how evidence can be obtained:

▪ Candidate must read and understand the Blood Transfusion policy (current version) on the collection of samples, prescriptions, collection and transfusion of blood and blood products.</td></tr>
<tr><td>Candidate is aware of the correct procedure involved when labelling venous samples for transfusion in line with Trust policy and the Blood Safety and Quality Regulations (2005).

*Applicable to Phlebotomists</td><td>All sample bottles must be hand written with the correct patient's details directly after taking the sample. Do not pre-label sample bottle. Complete all sections of the sample bottle and ensure the person who has taken the sample has signed the sample bottle.

All details of the request form must be completed from the patient's wristband (or notes for outpatients), ensure the person responsible for requesting the test signs the request form.

Examples of how evidence can be obtained:

▪ Candidate must demonstrate their knowledge and skills in relation to correct labelling of venous samples for transfusion
▪ Candidate must be able to demonstrate their awareness of sampling errors and the effect within the process of transfusion</td></tr>
<tr><td>Candidate has an understanding of red blood cell group compatibility and Rh -D antibody and the importance of the compatibility of blood products.</td><td>Red blood cell group compatibility;

<table><tr><th>Blood Groups</th><th>Compatible groups</th></tr><tr><td>O</td><td>O</td></tr><tr><td>A</td><td>A,O</td></tr><tr><td>B</td><td>B,O</td></tr><tr><td>AB</td><td>O, A, B or AB</td></tr></table>
Incompatible blood components can cause serious adverse blood reactions or events and may even result in death.

Always ensure the blood product issued is compatible with their patient's blood group.

Patients who are Rh D negative and are of child bearing age must receive Rh D neg blood products; otherwise this may cause haemolytic disease of the newborn.

Examples of how evidence can be obtained:
▪ Attend blood transfusion safety training or
▪ Complete the trusts on line e-learning package</td></tr>
</table>

CLINICAL COMPETENCY	EVIDENCE
Candidate understands and can discuss the legal implications regarding the temperature control of blood products, the distribution processes and storage facilities.	Red cells must be kept at 4^{o}c in designated red blood cell fridges only. FFP must be stored in the transfusion laboratory. They will be delivered to the clinical area when required and must be signed for. Any unused units must be returned to the laboratory immediately for storage. Platelets must be stored at controlled room temperature and agitated. They will be delivered to the clinical area when required and must be signed for. Any unused units must be returned to the transfusion laboratory immediately for storage. Cryoprecipitate must be stored in the transfusion laboratory. It is delivered to the clinical area when required and must be signed for. Any unused units must be returned to the laboratory immediately. Human Albumin Solution is stored in the transfusion laboratory and is issued patient specific. (Apart from patients on SCBU, PHDU, NICU, and Paediatric A&E). Any unused bottles must be returned to the laboratory and **must not** be stored on the ward. This is in keeping with the Blood Safety and Quality Regulations (2005) and is enshrined within criminal law. **Examples of how evidence can be obtained:** ▪ Attend blood transfusion safety training or completing the trusts on line *e* - learning package.
Candidate is aware of where the blood bank fridges are across the Trust. ***Applicable to HCAs & Porters**	The blood bank fridges are situated at; <u>Dewsbury and District Hospital:</u> Ridings Blood Bank Theatre Bank Maternity Bank <u>Pinderfields General Hospital:</u> Meadowfields Theatre Blood Bank Main Building Theatre Blood Bank Clover Unit Oak Ward Blood Transfusion Laboratory in Pathology <u>Pontefract General Infirmary:</u> Main Issue Bank (North Side) Blood transfusion laboratory Ward 14 Dr Jackson Ward (South side wards) Ward 9 Labour Ward bank **Examples of how evidence can be obtained:** ▪ Candidate can demonstrate where the blood bank fridge is in relation to their demographic employment

CLINICAL COMPETENCY	EVIDENCE
Candidate can demonstrate the processes involved in safely collecting red blood cells from the blood bank fridges and how to take appropriate action if there is not an exact match between the patient details and the blood products and documentation. ***Applicable to HCAs & Porters**	Ensure venous access has been obtained prior to blood being collected from the fridge (HCP/ODP). Written patient identification must be taken to the blood fridge and include: ▪ Surname ▪ First name ▪ Date of birth ▪ Hospital number Locate the unit of red cells to be used first in the blood fridge. Check all the details against the collection slip/transfusion care pathway, the blood component compatibility label and the blood bank register. Date, time and sign the blood bank register and place the red blood cells into an approved transport box. Any discrepancies if an exact match is not confirmed then the blood must not be taken and the laboratory must be informed immediately. A new sample with correct patient details must be sent to the laboratory. **Examples of how evidence can be obtained:** ▪ Candidate can demonstrate the process of safely removing blood from the blood fridge in line with Trust policy. ▪ Candidate can discuss the procedure if an exact match is not confirmed during the collection of red blood cells.
Candidate understands the requirement for emergency O Rh D negative blood and the processes involved in its collection, informing transfusion lab and traceability.	**Two units of emergency** O Rh D negative blood are stored in each of the following blood fridges: **Dewsbury and District Hospital** Ridings Blood Bank Maternity Blood Bank **Pinderfields General Hospital** Meadowfields Theatre Blood Bank Main Building Theatre Bank **Pontefract General Infirmary** Labour Ward Blood Bank Main Issue Blood Bank North Side They must only be used in major haemorrhage when the patient's status cannot wait for group compatible blood to be issued. Ensure traceability requirements are met by completing the tie on tag attached to the blood. Return this form to the transfusion laboratory. Contact the laboratory when the units have been taken to ensure the units are replenished. **Examples of how evidence can be obtained:** ▪ Candidate can discuss the procedure for obtaining emergency O Rh D negative red blood cells.

CLINICAL COMPETENCY	EVIDENCE
Candidate is aware of the procedures put in place to safely return red blood cells to the blood bank fridge and the legal implications involved in this process. ***Applicable to HCAs & Porters**	If red blood cells have been removed from the blood fridge into an approved transport box, and are no longer required at that time they must be returned to the blood bank fridge. They must be returned, in an approved transport box, within 30 minutes of removal and the blood bank register must be signed. This is to ensure that the red blood cells do not begin to warm up and to reduce the risk of bacterial growth and contamination. If red blood cells have been out of the blood bank fridge, in an approved transport box, for longer than 30 minutes and imminent transfusion is not going to occur then the unit must be returned to transfusion lab immediately. **Examples of how evidence can be obtained:** ▪ Candidate can discuss the procedure involved in returned red cells, an approved transport box, to the blood bank fridge. ▪ Candidate must demonstrate clear understanding of the "30minute" rule.
Candidate is aware of the procedure to safely return any blood products to the laboratory. ***Applicable to HCAs & Porters**	If blood products have been delivered to the clinical area and are no longer required they must be returned to the transfusion laboratory. Contact the laboratory for advice on how to return specific blood products. **Examples of how evidence can be obtained:** ▪ Candidate can discuss the procedure for returning unused blood products to the transfusion laboratory.
Candidate can demonstrate the process involved in the checking of patient's details and the blood product within the clinical area.	**"Right Blood, Right Patient, Right Time"** Check the unit donation number and donor's blood group on the front of blood/product match the donor details on compatibility label on reverse of blood/product. Check the blood group on the product with the patient's blood group for compatibility. Check that any special requirements as requested on the transfusion care pathway/prescription are complied with on the blood/product. Inspect the blood or blood product bag for any signs of: leakage, clotting, haemolysis or unusual colour. Check expiry date on blood/product. The procedure must be explained to the patient and sufficient information must be given for the patient to make an informed decision regarding the transfusion. The importance of bed side checks must come across within the practical assessment. Wristband checks prior to administration of each unit of blood product must occur. The wrist band must contain the patient's full name, date of birth and hospital number. If the patient is not wearing a wristband the transfusion **must not** take place until full and correct identification has occurred and a wristband is in place.

	Ask the patient to state their first name, surname and date of birth where possible. Check the patient's wrist band against the information given and the ID details on the compatibility label on the unit of blood/product and that they all match. Standard precautions for infection control and any other health and safety measures must be applied. **Examples of how evidence can be obtained:** ▪ Candidates can correctly identify the patient and perform pre transfusion bed side checks of the blood product.
Candidate can demonstrate their responsibility in performing and documenting observations surrounding transfusion. Candidate is aware of the minimum legal requirements surrounding observations throughout the transfusion process. Standard precautions for infection control and any other health and safety measures must be applied	Observation of the patient must occur during the transfusion of all blood products to detect any adverse event as early as possible so that potentially life saving action may be taken if necessary. The majority of severe reactions present during the first 15minutes of a transfusion. Wherever possible administer the transfusion in areas where the patient can be readily observed. Routine transfusions should not be undertaken during the night time. Pre-transfusion baseline observation for each unit of blood product – temperature, respiratory rate, pulse and blood pressure must be documented (baseline recording up to 1hour before). During transfusion observations (conscious patients) – At 15 minutes from the start of the transfusion – temperature, respiratory rate, pulse, and blood pressure At the end of the transfusion of each unit – temperature, respiratory rate, pulse and blood pressure Continue routine documentation in ICU/HDU/theatres using transfusion care pathway, where patients have continuous monitoring in place and one to one care. The post transfusion observation can be the baseline observation for the next unit if more than one unit is being transfused. It is advisable to ask the patient open questions as to how they are feeling throughout the transfusion. **Examples of how evidence can be obtained:** ▪ Candidate must be able to demonstrate correct procedure to administer and observe throughout the transfusion process, in line with the Blood Safety and Quality Regulations (2005).
Candidate can demonstrate their knowledge and minimum requirement of documentation surrounding each episode of transfusion. Candidate can demonstrate their knowledge surrounding	Observations must be documented in line with Trust policy. The patient's transfusion care pathway must be completed for each transfusion episode. The minimum data set includes – start time, end time, confirmation of patient ID and any side effects of transfusion. Once the transfusion is in progress the tie on tag must be completed (date, time and signature) and returned to the

the traceability of blood products following a blood transfusion.	transfusion laboratory. Once received in the laboratory the computer records are amended to confirm the date and time of the transfusion. **Examples of how evidence can be obtained:** ▪ Candidate must be able to demonstrate correct the procedure of documentation regarding the transfusion process, in line with the Trust blood transfusion policy ▪ Candidate must demonstrate their knowledge of how traceability of blood products is maintained within this Trust by completing the tie on tag (date, time and signature) and returning it to the transfusion laboratory.
Candidate has underpinning knowledge of the hazards of transfusion and what signs and symptoms they should be observing for.	Chills, nausea, vomiting, shortness of breath, pain at infusion site, lumbar/chest/abdo pain, anxiety, agitation, pyrexia, rash, flushing, rigors, generalised oedema. The patient may only have one of these signs/symptoms, all must be responded to immediately. **Examples of how evidence can be obtained:** ▪ Candidate can discuss their awareness of the risks of serious adverse blood reactions or events. ▪ Candidate can demonstrate their awareness through their transfusion observations.
Candidate can safely dispose of the blood bag and other equipment used in the transfusion process.	Ensure standard precautions for infection control and any other health and safety measures are applied. **Examples of how evidence can be obtained:** ▪ Candidate can demonstrate their awareness of safely disposing blood products and administration equipment in accordance with Trust policy.
Candidate can discuss the processes involved in managing and reporting transfusion reaction.	If a transfusion reaction is suspected STOP the transfusion. Check the blood component against the patient's wristband. If mild transfusion reaction; rise in the baseline temperature of <1.5oC, administer paracetamol and recommence transfusion over a slower rate. Monitor the patient very closely. In a moderate to severe transfusion reaction, STOP the transfusion and seek medical attention. All transfusion reactions where the transfusion was stopped and medical attention was sought must be reported to the laboratory and the Transfusion Practitioners. A clinical incident report must be completed. Management of the transfusion reaction is dependant on the patient's symptoms. The blood product and giving set must be returned to the transfusion laboratory in the transfusion lab with blood samples. **Examples of how evidence can be obtained:** ▪ Candidate can discuss the processes involved in detecting, managing and reporting serious adverse blood reactions or events.

CLINICAL COMPETENCY	EVIDENCE
Candidate has awareness of the patient's right to refuse blood products and the processes involved to support these patients.	All patients have the right to refuse blood products. The Transfusion Practitioners should be contacted to ensure special arrangements are in place surrounding their care. Jehovah's Witness patients must have an advanced directive, which details accepted treatments and alternatives. However remember not all patients are Jehovah's Witnesses, increasingly patients are refusing blood products due to concerns about safety. If you have any difficulties with patients refusing blood products contact the Transfusion Practitioners/Consultant Haematologist in the first instance. **Examples of how evidence can be obtained:** ▪ Candidate aware of the steps they would take if their patient refused blood products. Evidence obtained by reading trust blood transfusion policy.

7. Blood Products involved in the transfusion competency assessment

Any blood product may be used as an observational assessment in order for the candidate to demonstrate their application of knowledge to clinical practice.

Red Blood cells	RBC
Platelets	PLAT
Fresh Frozen Plasma	FFP
Cryoprecipitate	CRYO

8. Failure to achieve competence

In the event of failure to complete the required competencies the following procedure should be undertaken. **Note:** this should be undertaken with due regard for confidentiality of the candidate and staff should only be informed on a "need to know" basis and in agreement with the candidate.

First assessment:

Discuss with candidate the areas in which they did not demonstrate competence i.e. observational assessment and/or knowledge assessment. Inform Clinical Manager of outcome of assessment. In agreement with candidate and Clinical Manager, complete the action plan in the competency assessment document, stating what support and development opportunities the candidate requires and agree a timescale and date for follow up assessment. Consider if the candidate requires a period of supervised practice (compulsory if assessor observed unsafe practice).

Second assessment:

Again, discuss with candidate the areas in which they did not demonstrate competence i.e. observational assessment and/or knowledge assessment. Inform clinical manager of outcome and transfusion practitioner.

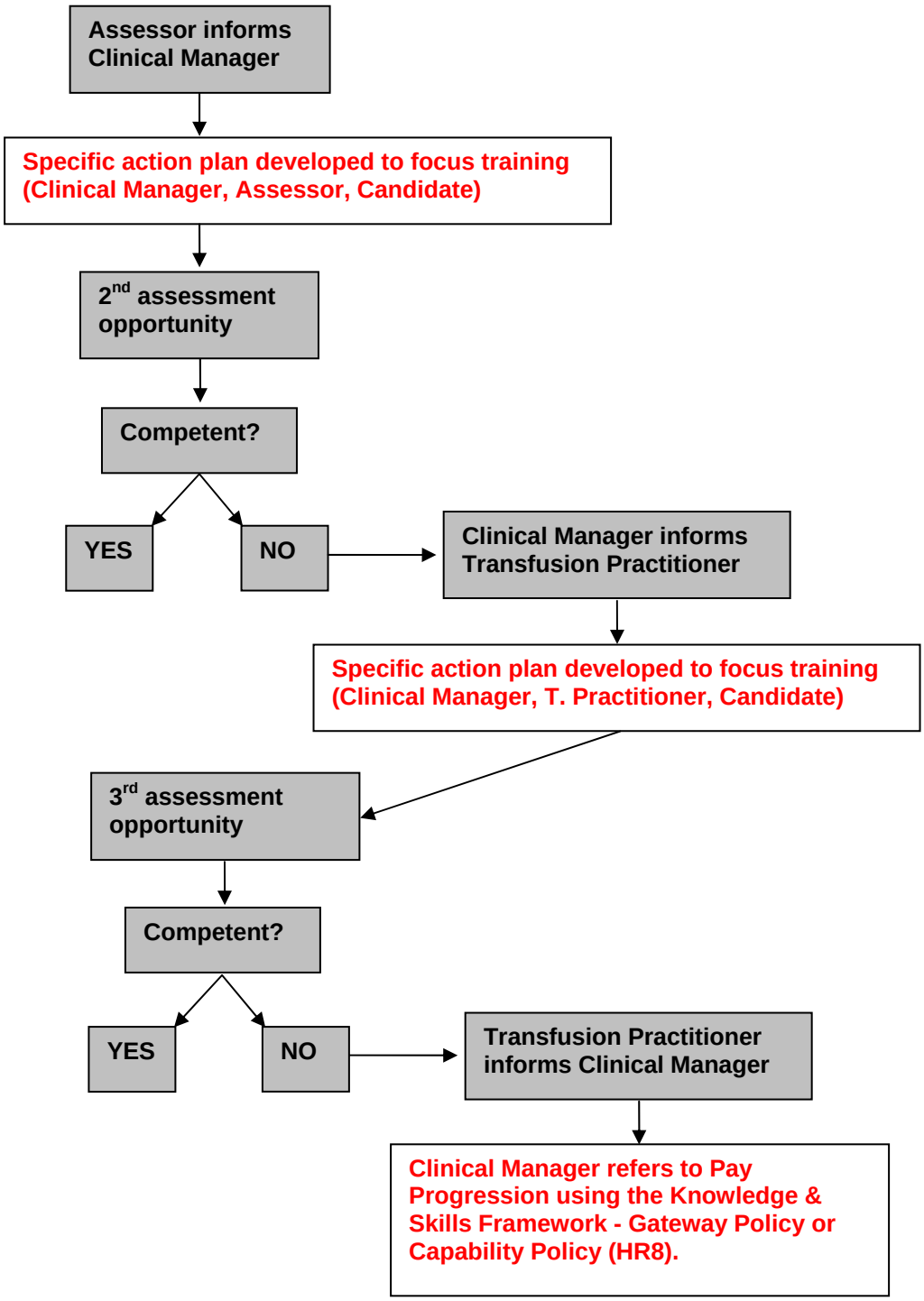
Transfusion Practitioner and Clinical Manager, together with candidate complete the action plan stating what support and development opportunities the candidate requires and agree a timescale and date for follow up assessment. This may include 1:1 training with transfusion practitioner. Clinical manager to allocate a supervisor to support candidate during this period. Third assessment carried out by transfusion practitioner.

Third assessment:

If the candidate fails to achieve competency on three separate occasions, following further training and support etc. the Clinical Manager must be informed by the Transfusion Practitioners. The candidate must then be managed by the Clinical Manager and Matron for the specialty in relation to Pay Progression using the trusts Knowledge and Skills Framework Gateway Policy and if necessary the Capability Policy (HR8). The candidate must not undertake the procedure(s) in which they have not demonstrated competence.

Appendix A

Summary of action of failure to achieve competence



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